

FILED EFFECTIVE

No. C 181315		Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) MARK KNIGHT 2550 CARRIAGE WAY TWIN FALLS ID 83301	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. M KNIGHT, INC. MARK KNIGHT 2550 CARRIAGE WAY TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
President/ Director	Mark Knight	2550 Carriage Way,	Twin Falls,	ID	83301
Secretary/ Treasurer/ Director	Roxanna Knight	2550 Carriage Way,	Twin Falls,	ID	83301
5. Organized Under the Laws of: 5.					
IDAHO C 181315		Signature: <u>Mark Knight, Pres.</u>		Date: <u>3/12/10</u>	
		Name (type or print): <u>Mark Knight</u>		Title: <u>President</u>	
Issued 03/12/2010 by DK1					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.